

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">310704M1510.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">310704M1610.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">310704M11010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(300) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	210704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	9076966231 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acental.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

210704H2112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Not Applicable

Yes
Yes
Yes
Yes
Yes
Not Applicable

FCC Form 481
OMB Control No. 3060-0095/OMB Control No. 3060-0019

FCC Form 481
OMB Control No. 3060-0095/OMB Control No. 3060-0019

401b	Study Area Code	110704
402b	Study Area Name	ACE TEL OF MEDICAM
403b	Program Year	2016
404b	Contact Name - Person UAC should contact regarding this data	Cynthia Brown
405b	Contact Telephone Number - Number of person identified in data line 403b	3075966211 ext
406b	Contact Email Address - Email address of person identified in data line 403b	crancec@central.net

[illegible]

210704
ACT TEL OF MICHIGAN

Available from:

cannot be used to

1

5/11/2015

2008-2009

[illegible]

4010>	Study Area Code	210364
4015>	Study Area Name	ACE TEL. OF MICHIGAN
4030>	Program Year	2018
4035>	Contact Name - Person USAC should contact regarding this data	Emilia Kewel
4035>	Contact Telephone Number - Number of person identified in data line 4030>	5678569713 ext
4039>	Contact Email Address - Email address of person identified in data line 4030>	emilia.kewel@ace.net
4100>	Reporting Carrier	ACE Telephone Company of Michigan, Inc
4115>	Holding Company	ACE Telephone Association
4125>	Operating Company	ACE Telephone Company of Michigan, Inc

[illegible]

(900) Tribal Lands Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	318704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Buent
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078968211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cibuent@centex.net

<910> Tribal Land(s) on which ETC Serves

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<920> Tribal Government Engagement Obligation

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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	110704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964212 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawen1@centnk.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	110101
<015>	Study Area Name	ACS TRS OF HENNING
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Burt
<035>	Contact Telephone Number - Number of person identified in data line <030>	5074964211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	coburt@acshen.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

310704H11200.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(e)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers. ☒
- <1222> Details on the number of minutes provided as part of the plan. ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2001) Price Cap Center Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3050-0064/FCC Form No. 3050-0019
Including Retail Service Carriers affiliated with Price Cap Local Exchange Carriers		May 2013

<010>	Study Area Code	217778
<015>	Study Area Name	
<020>	Program Year	2016
<025>	Contact Name - Person USAC should contact regarding this data	SPKITE@swac
<030>	Contact Telephone Number - Number of person identified in data line <030>	20279982211 ext
<035>	Contact Email Address - Email address of person identified in data line <030>	SPKITE@swac.fcc.gov

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, Frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(h)(4)(i)-(v). The information reported on this form and in the documents attached below is accurate.

- Incremental Connect America Phase I reporting
- <2010> 2nd Year Certification (47 CFR § 54.313(h)(1)(i))
 - <2013a> 3rd Year Certification (47 CFR § 54.313(h)(1)(ii))
 - <2013b> Attachment (47 CFR § 54.313(h)(1)(iii))

Review of Attached Documents Submit Answer Information	

- Price Cap Center Receiving Frozen Support Certification (47 CFR § 54.312(a))
- <2012> 2013 Frozen Support Calculation (47 CFR § 54.312(c)(1))
 - <2013> 2014 Frozen Support Calculation (47 CFR § 54.312(c)(1))
 - <2014> 2015 Frozen Support Calculation (47 CFR § 54.312(c)(1))
 - <2015> 2016 and Future Frozen Support Calculation (47 CFR § 54.312(c)(4))
- Price Cap Center Connect America HCS Support (47 CFR § 54.313(d))
- <2016> Certification Support Used to Build Broadband
 - <2017> Connect America Phase II Reporting (47 CFR § 54.313(e))
 - <2018> 5th Year Broadband Service Certification
 - <2019> Incremental Progress Certification
 - <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, name, and addresses of community anchor institutions to which began providing access to broadband services in the preceding calendar year.
 - <2021> Incremental Progress Community Anchor Institutions

New or Attached Document(s) Listing Required Information	

REDACTED FOR PUBLIC INSPECTION

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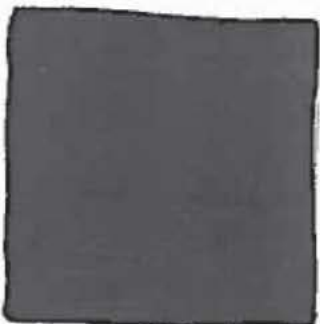
(1000) Data of Return Center Addressed Discontinuities (Continued)
Data Collection Form

FCC Form 487
OMB Control No. 3000-0088/OMB Control No. 3000-0019
July 2013

4810- Utility Asset Code	111124
4811- Utility Asset Name	ACE TEL. OF MICHIGAN
4820- Project Year	2014
4830- Contact Name: Person US Contact Person (if any) (US)	CONITA BERRY
4840- Contact Telephone Number: Number of person providing data for 4810	3133811111 ext.
4850- Contact Email Address: Email address of person providing data for 4810	CEBEC@MICHIGANTEL.COM

Financial Data Summary

- {3027} Revenue
- {3028} Operating Expenses
- {3029} Net Income
- {3030} Telephone Plant in Service(TPIS)
- {3031} Total Assets
- {3032} Total Debt
- {3033} Total Equity
- {3034} Dividends



**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL OF MICHIGAN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/23/2015
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310704	Filing Due Date for this form: 01/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310704
<015> Study Area Name	ACB TEL OF MICHIGAN
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

010 Study Area Code 110704

015 Study Area Name ACR TEL OF MICHIGAN

Program Year	2016
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030	Contact Name - Person USAC should contact regarding this date	Cynthia Sweet
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<35>	Contact Telephone Number - Number of person identified in data line <30>	5678945211 nnt.
<39>	Contact Email Address - Email Address of person identified in data line <30>	csweet@centek.net

<701>	Residential Local Service Charge Effective Date	1/1/2015
-------	-------------------------------------------------	----------

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

(710) 860-0000 Price Offerings
Data Collection Form

Study Area Code

210704

Study Area Name	Year
Study Area 1	2015
Study Area 2	2015
Study Area 3	2015
Study Area 4	2015
Study Area 5	2015
Study Area 6	2015
Study Area 7	2015
Study Area 8	2015
Study Area 9	2015
Study Area 10	2015
Study Area 11	2015
Study Area 12	2015
Study Area 13	2015
Study Area 14	2015
Study Area 15	2015
Study Area 16	2015
Study Area 17	2015
Study Area 18	2015
Study Area 19	2015
Study Area 20	2015
Study Area 21	2015
Study Area 22	2015
Study Area 23	2015
Study Area 24	2015
Study Area 25	2015
Study Area 26	2015
Study Area 27	2015
Study Area 28	2015
Study Area 29	2015
Study Area 30	2015
Study Area 31	2015
Study Area 32	2015
Study Area 33	2015
Study Area 34	2015
Study Area 35	2015
Study Area 36	2015
Study Area 37	2015
Study Area 38	2015
Study Area 39	2015
Study Area 40	2015
Study Area 41	2015
Study Area 42	2015
Study Area 43	2015
Study Area 44	2015
Study Area 45	2015
Study Area 46	2015
Study Area 47	2015
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Study Area 68	2015
Study Area 69	2015
Study Area 70	2015
Study Area 71	2015
Study Area 72	2015
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Study Area 74	2015
Study Area 75	2015
Study Area 76	2015
Study Area 77	2015
Study Area 78	2015
Study Area 79	2015
Study Area 80	2015
Study Area 81	2015
Study Area 82	2015
Study Area 83	2015
Study Area 84	2015
Study Area 85	2015
Study Area 86	2015
Study Area 87	2015
Study Area 88	2015
Study Area 89	2015
Study Area 90	2015
Study Area 91	2015
Study Area 92	2015
Study Area 93	2015
Study Area 94	2015
Study Area 95	2015
Study Area 96	2015
Study Area 97	2015
Study Area 98	2015
Study Area 99	2015
Study Area 100	2015

ACS TEL OF MICRILDM

Program Year	2020
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3016

010 Contact Name - Perrin USAC should contact regarding this data

Cynthia Fox

<035> Contact Telephone Number - Number of person identified in data line <030>

5070966211 P&L.

State	Exchange (Bicq)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service Download Speed (Mbps)	Broadband Service Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
M1	Buckley	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M1	Buckley	39.95	0.0	39.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M2	Buckley	49.95	0.0	59.95	10.0	1.0	999999.0	Other, no limit on usage allowance
M3	Buckley	24.95	0.0	24.95	1.0	1.0	999999.0	Other, no limit on usage allowance
M3	Copeland/Trompsdon v3.1e	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Copeland/Trompsdon v3.1e	39.95	0.0	39.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Copeland/Trompsdon v3.1e	59.95	0.0	59.95	10.0	1.0	999999.0	Other, no limit on usage allowance
M4	Copeland/Trompsdon v3.1e	14.95	0.0	14.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	34.95	0.0	34.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	39.95	0.0	39.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	59.95	0.0	59.95	10.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	14.95	0.0	14.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	34.95	0.0	34.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	39.95	0.0	39.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	59.95	0.0	59.95	10.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	14.95	0.0	14.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	34.95	0.0	34.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	39.95	0.0	39.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	59.95	0.0	59.95	10.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	14.95	0.0	14.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	34.95	0.0	34.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	39.95	0.0	39.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	59.95	0.0	59.95	10.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	14.95	0.0	14.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	34.95	0.0	34.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	39.95	0.0	39.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	59.95	0.0	59.95	10.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	14.95	0.0	14.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	34.95	0.0	34.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	39.95	0.0	39.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	59.95	0.0	59.95	10.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	14.95	0.0	14.95	4.0	1.0	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowance
M4	Horseyville	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on

(800) Operating Companies Data Collection Form	FCC Form 483 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	218785
<015>	Study Area Name	ACE TEL. OF MICHIGAN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5076966331 FAX:
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acestatek.net
<810>	Reporting Carrier	ACE Telephone Company of Michigan, Inc
<811>	Holding Company	ACE Telephone Association
<812>	Operating Company	ACE Telephone Company of Michigan, Inc

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0956/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@centek.net

ANNUAL REPORTING FOR ALL CARRIERS		S4.313 Completion Required	S4.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> << check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">310777M1510.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">310777M1610.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">310777M11020.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cwsweet@acelink.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

110777MI112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

d10a	Study Area Code	310377
d10b	Study Area Name	Acq Telephone Co. of M., Inc. (Old Milan)
d10c	Program Year	2016
d10d	Contact Name - Person USAC should contact regarding this data	EMILIA BROSZ
d10e	Contact Telephone Number - Number of person identified in data line d10d	5079562413 ext
d10f	Contact Email Address - Email Address of person identified in data line d10d	emilia@acqcenter.mil

[illegible]

FCC Form 481
OASB Control No. 3060-0786/OMCB Control No. 3060-0819
July 2013

1/1/2015

See attached worksheet

FCC Form 483
 OASB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

Page 6

(900) Tribal Lands Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986 / OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	318777
<015>	Study Area Name	Acn Telephone Co. of HI, Inc. (Old Mission)
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Soent
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawent@acntek.net

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements,

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	110127
<015>	Study Area Name	Acn Telephone Co. of MI, Inc. Old Mission
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Buehl
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964311 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cubuehl@acnmi.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	330777
<015>	Study Area Name	Are Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Brown
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cbrown@arephone.net

330777MI1200.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0966/OMB Control No. 3060-0819
July 2013

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<010>	Study Area Code	100777
<015>	Study Area Name	ACF TELEPHONE CO. OF MI., INC. (U.S. HISTORY)
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	LYNDIA ADAMS
<035>	Contact Telephone Number - Number of person identified in data line <030>	734.999.2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	LYNDIA@ACFTELCO.COM

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
- <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)a)
- <2011b> Attachment (47 CFR § 54.313(b)(1)(i))

Name of Attached Document(s) Lacking Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
- <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
- <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
- <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document(s) Lacking Required Information

- <2021> Interim Progress Community Anchor Institutions

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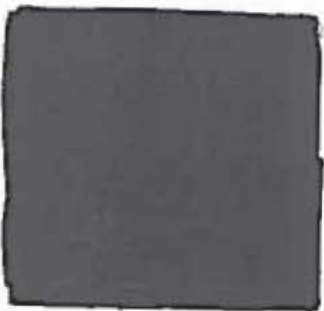
REDACTED FOR PUBLIC INSPECTION

(1009) Link or Name Center Additional Documentation (Continued)	FCC Form 485
Date Collection Form	Qual Control No. 2000-0046/Qual Control No. 2000-0819
	July 2013

4010- Study Area Code	210112
4010- Study Area Name	ACC. TALKERONE CO. RT. 01, INC., OLD MANAVAL
4020- Highway Year	2013
4030- Contact Name: Person to be contacted regarding this data	CRISTINA DAVIS
4030- Contact Telephone Number: Number of person identified in data base 4010	4378566211 ext.
4030- Contact Email Address: Email Address of person identified in data base 4010	CDAVISC@GMAIL.COM

1. I certify that the information provided on this form is true and correct to the best of my knowledge and belief. I understand that providing false information is a violation of the Federal Communications Act, 47 U.S.C. 154, and may result in the suspension or revocation of my license.

- Financial Data Summary**
- (1027) Revenue
 - (1028) Operating Expenses
 - (1029) Net Income
 - (1030) Telephone Plant in Service (TPIS)
 - (1031) Total Assets
 - (1032) Total Debt
 - (1033) Total Equity
 - (1034) Dividends



Name of Applicant/Document (Using appropriate redaction)

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	318777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Ace Telephone Co. of MI, Inc. (Old Mission)	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/23/2015
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310777	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(200) service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OAAB Control No. 3060-0119
July 2013

Q100	Study Area Code	310733
Q105	Study Area Name	Age Telephone Co. of Mt. View, (Old Mission)
Q106	Program Year	2016
Q109	Contact Name - Person LISC should contact regarding this data	Special Agent
Q115	Contact Telephone Number - Number of person identified in data line Q106	5038683111 ext.
Q116	Contact Email Address - Email address of person identified in data line Q106	specialagent@mtv.net
Q120		

[illegible]

FCC Form 481
OMB Control No. 3060-0086/OMB Control No. 3060-0089
July 2013

FCC Form 481
OMB Control No. 3060-0086/OMB Control No. 3060-0079
July 2013

e15b	Study Area Code	315172
e15c	Study Area Name	See Telephone Co. of Ill., Inc. (Old Massena)
e20a	Program Year	2016
e20b	Contact Name - Person USAC should contact regarding this data	Orville Brown
e25a	Contact Telephone Number - Number of person identified in data line e20b	(608)944111 ext
e25b	Contact Email Address - Email Address of person identified in data line e20b	cbrown@centex.net
e26a	Residential Local Service Charge Effective Date	
e26b	Single State-wide Residential Local Service Charge	712015

[illegible]

FCC Form 481
 OMB Control No. 3060-0186/OMB Control No. 3060-01819
 July 2013

[illegible]

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0119
	July 2013

OMB Control No. 3060-0936 / OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	110277
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	1078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centex.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc. (Old Mission)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc. (Old Mission)

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE T81- CO
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acenetek.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">310669M1510.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">310669M1610.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">310669M11010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310469
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@wccentek.net

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

20140901112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

FEC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0519

FCC Form 481
 OMB Control No. 3060-0786/OMB Control No. 3060-0819
 May 2013

FCC Form 481
 OMB Control No. 3060-0786/OMB Control No. 3060-0819
 May 2013

<010>	Study Area Code	3318649
<015>	Study Area Name	ALBUQUERQUE TEL. CO.
<020>	Program Year	2015
<025>	Contact Name - Person USAC should contact regarding this data	CRISTINA ARENAS
<035>	Contact Telephone Number - Number of person identified in data line <030>	507896223 ext.
<035>	Contact Email Address - Email Address of person identified in data line <030>	crarenas@tel.az.net
<700>	Residential Local Service Charge Effective Date	1/1/2015
<700>	Single State-wide Residential Local Service Charge	

[illegible]

QD15	Study Area Code	213669
QD15	Study Area Name	ALBUQUERQUE, TEL. CO.
QD16	Program Year	2014
QD16	Contact Name - Person USAC should contact regarding this data	CYNTHIA GREGG
QD16	Contact Telephone Number - Number of person identified in data line QD16	5079964211 ext.
QD16	Contact Email Address - Email address of person identified in data line QD16	CAGREGG@ACOF.MIL

[illegible]

<010>	Study Area Code	210669
<015>	Study Area Name	ALABAMA, TEL. CO.
<020>	Program Year	2014
<030>	Contact Name Person USAC should contact regarding this data	Cynthia Beave
<035>	Contact Telephone Number Number of person identified in data line <030>	5070196211 int.
<039>	Contact Email Address Email Address of person identified in data line <030>	cbeave@alabatel.net
<040>	Reporting Carrier	See Telephone Company of Michigan, Inc (Allentonia)
<041>	Holding Company	See Telephone Association
<042>	Operating Company	See Telephone Company of Michigan, Inc (Allentonia)

43	43	43	43
	Affiliates	SAC	Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	110569
<015>	Study Area Name	ALLENDALE TRIL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	c.sweet@centek.net

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning.
- <923> Marketing services in a culturally sensitive manner.
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	818669
<015>	Study Area Name	ALLIENDALE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	CYNTHIA RUOET
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078968711 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csenneled@telco.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLIANCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	c.sweet@alltel.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

310669M1200.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support; carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers. ☒
- <1222> Details on the number of minutes provided as part of the plan. ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0839 July 2013
------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

(010) Study Area Code	210009
(015) Study Area Name	ALLSPOKE TEL CO
(020) Program Year	2014
(030) Contact Name - Person USAC should contact regarding this data	LYNNEL AUST
(035) Contact Telephone Number - Number of person identified in data line (030)	5036991111
(039) Contact Email Address - Email Address of person identified in data line (030)	CAW@ALLSPOKE.TEL

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(1)-(4), (e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- (2010) 2nd Year Certification (47 CFR § 54.313(b)(1)(i))
- (2011a) 3rd Year Certification (47 CFR § 54.313(b)(1)(i))
- (2011b) Attachment (47 CFR § 54.313(b)(1)(i))

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(a))

- (2012) 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
- (2013) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
- (2014) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
- (2015) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- (2016) Certification Support Used to Build Broadband
- (2017) Connect America Phase II Reporting (47 CFR § 54.313(e))
- (2018) 3rd year Broadband Service Certification
- (2019) 5th year Broadband Service Certification
- (2019) Interim Progress Certification

- (2020) Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

--

- (2021) Interim Progress Community Anchor Institutions

--

Name of Attached Document(s) Listing Required Information

FCC Form 481
Equal Channel No. 2000-0984-0056 Channel No. 2000-0813

Page 26

REDACTED FOR PUBLIC INSPECTION

Page 12

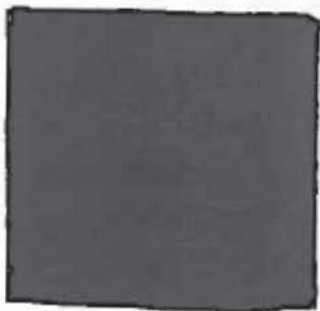
(999) Date of Report Current Addressed Document(s) (continued)
One Completion Form

FCC Form 481
Date Received by: 10/01/2014
July 2013

4000- Study Area Code	31864
4010- Study Area Name	ALLIANCE, LTD. CO
4020- Project Name	2013
4030- Contact Name	CONTACT, BUREAU
4040- Contact Telephone Number	501844111, 241
4050- Contact Email Address	CONTACT@ALLIANCE.CO

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant in Service (TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends



**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ALLENDALE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/23/2015
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310669	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	CYNTHIA Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

110669

ALLIANCE INT. CO

2016

Cynthia Frost

4078966211 0X6

CHRYSLER FINANCIAL CORP.

1/1/2015

1506 JOURNAL OF CLIMATE

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310569
<015>	Study Area Name	ALLIENDA'S TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Buehl
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	caw@lpcacnclnk.net
<B10>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Allendale)
<B11>	Holding Company	Ace Telephone Association
<B12>	Operating Company	Ace Telephone Company of Michigan, Inc (Allendale)

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0966/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310692
<015> Study Area Name	DRETHE TEL CO
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@centek.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">310692M1510.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">310692M1610.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">310692M11010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection FormFCC Form 483
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	110492
<015>	Study Area Name	DRUMS TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Kwart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(678)644311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cckwart@centek.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

2104920112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How much (USF) was used to improve service quality and how support was used to improve service quality
 <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
 <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

o100	Study Area Code	310692
o150	Study Area Name	DOERFLEIN TEL CO
o200	Program Year	2016
o300	Contact Name - Person USAC should contact regarding this data	CYNTHIA BERRY
o350	Contact Telephone Number - Number of person identified in data line o330	807963411 ext
o390	Contact Email Address - Email Address of person identified in data line o330	cawm@comcast.net

[illegible]

FCC Form 481
OMB Control No. 3060-0935/OMB Control No. 3060-0819

267010

DRENTHE TEL CO

2016

Scrubland Forest

9070566221 40M6

CAVEAT: PACIFIC RIM

3/1/2015

1001

~~See attached worksheet~~

«010» Study Area Code

DRUMTAP INC. CO

2016

CYNCHIA BREVIS

32M Y17496B105

CHRYSLER DACCANTON, MD.

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 483
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	J10492
<015>	Study Area Name	DRENNIN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Buehl
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbuehl@csnetex.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Drennin)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Drennin)

[illegible]

(906) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	110493
<015>	Study Area Name	DELAWARE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078846311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	c.sweet@centex.net

c930 Tribal Land(s) on which ETC Serves

--

920 Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922>	Feasibility and sustainability planning.
<923>	Marketing services in a culturally sensitive manner.
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

[illegible]

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	JLE499
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Reed
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078944311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cynthia.reed@tel.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	110692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Synthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	6078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsweet@acornus.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

11069211200.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report.

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers. ☒

<1222> Details on the number of minutes provided as part of the plan. ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2009) Price Cap Carrier Additional Documentation
Data Collection Form
Including Part of Return Carriers Affiliated with Price Cap Local Exchange Carriers

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0019
 May 2013

<010>	Study Area Code	210322
<015>	Study Area Name	WESTERN TEXAS
<020>	Program Year	2016
<030>	Contact Name	PERIEN USA, LLC
<035>	Contact Telephone Number	9097999711
<035>	Contact Email Address	CS@PERIENUSA.COM

Select the appropriate response below (Yes, No, Not Applicable) to indicate compliance as a recipient of Incremental Connect America Phase I support, Frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(5)(i)(A). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(3)):

<2013> 3rd Year Certification (47 CFR § 54.313(b)(3)):

<2013> Attachment (47 CFR § 54.313(b)(3)):

Name of Attached Document(s) (Using bracketed information)

<2012> Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(e))

<2013> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))

<2014> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))

<2015> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))

<2015> 2015 and Future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ITC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband

<2017> Connect America Phase II Reporting (47 CFR § 54.313(e))

<2018> 3rd year Broadband Service Certification

<2019> 3rd year Broadband Service Certification

<2020> Interim Progress Certification

Please check the box to confirm that the attached document(s) on line 2021 contains the required information pursuant to § 54.313 (b)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year:

<2023> Interim Progress Community Anchor Institutions

Name of Attached Document(s) (Using bracketed information)

FCC Form 471
Date Control No. 1000-0811

If none of Attached Documents Listing Requested Information:

Page 11

[2009] Basic Civil System Center Additional Payment Plan (if available)		FCC Form 441
Data Collection Form		DRM Center No. 800-088-0008 Center No. 800-0815
		Jan 2013
0120- Study Line Code	210337	
0125- Study Area Name	PHOTOGRAPHY, TEL. CO.	
0130- Program Year	1014	
0135- Contact Name, Person Using Study Results, Use Date	CONLINE, PERIOD	
0140- Contact, Telephone Number, Number of Person Identified in Study Area	567815411, 401	
0145- Contact, Land Address, Street Address, Address of Person Identified in Study Area	23456789101, 401	

(3027) Revenue

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant in Service (TPIS)

(3031) Total Assets

(3032) Total Debt:

(3033) Total Equity

(30.34) Dividends

**Certification - Reporting Carrier
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966231 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: DRENTHE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 08/23/2015
Printed name of Authorized Officer: Todd Rosaler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310692	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0936/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

July 2013

1/1/2005[illegible]

FCC Form 481
OMB Control No. 3000-0186/OMB Control No. 3000-0519
July 2013

510593

BREITUNG FEL CO

2016

Cynthia Burr

[illegible][illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

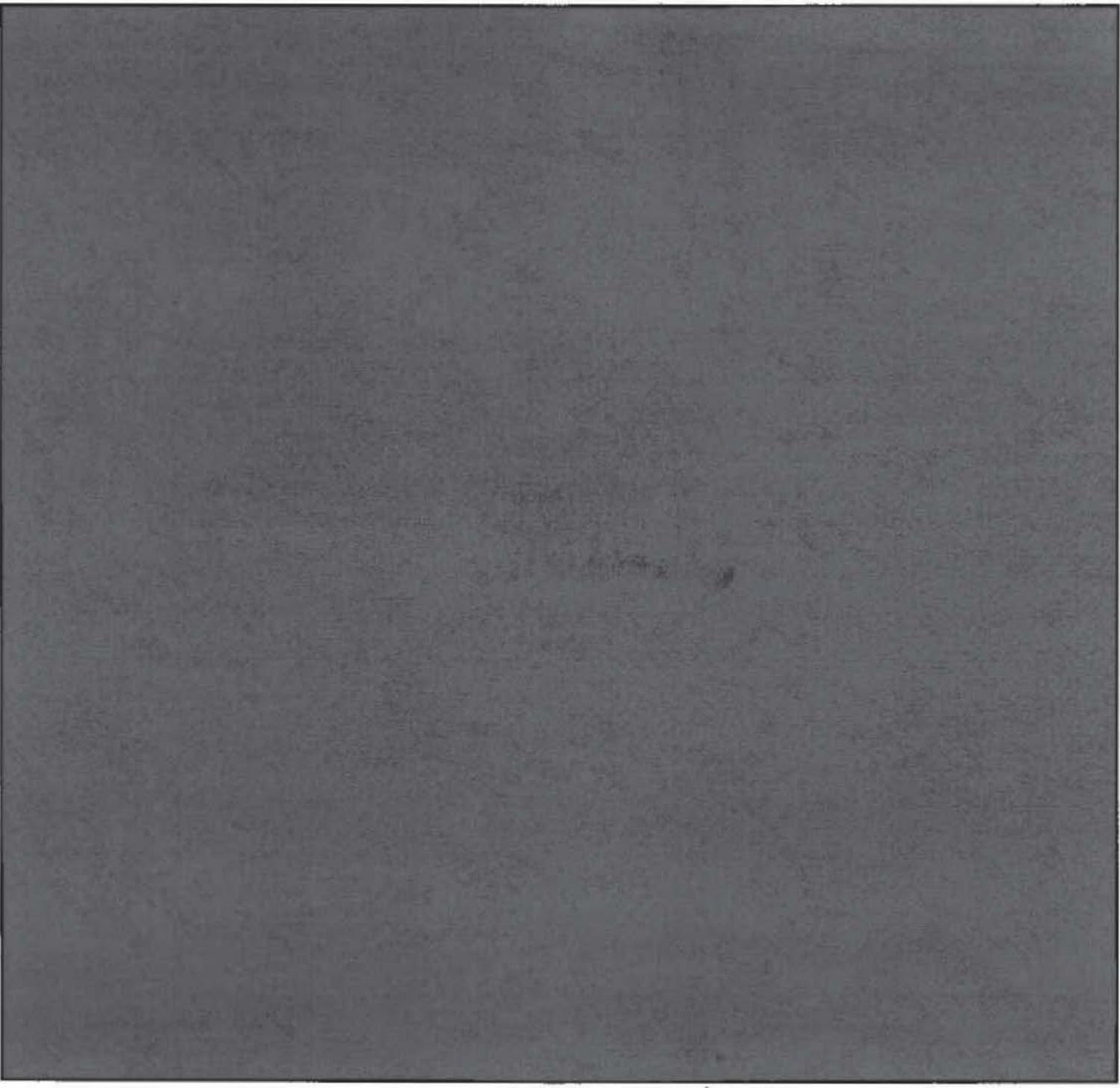
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	318693
<015>	Study Area Name	DRENTH TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	808946211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acotelk.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Drenthe)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Drenthe)

[illegible]

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc
SAC: 310704, 310777, 310669, 310692
State: Michigan
Form 481 Line 112 Annual Progress Report



Study Area Name: Ace Telephone Company of Michigan, Inc.
Study Area Code: 310704, 310777, 310669 and 310692
State: Michigan
Form 481 Line 510

Compliance with Applicable Service Quality Standards and Consumer Protection Rules

As a local exchange carrier in Michigan, Ace Telephone Company of Michigan, Inc. (Carrier) is obligated to comply with the numerous consumer protections contained in the Michigan Telecommunications Act and all MPSC Guidelines and Rules promulgated or adopted there under. Carrier has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier hereby certifies that it is complying with all applicable and effective Michigan Public Service Commission and FCC consumer protection rules and service quality standards; which include MPSC Customer Migration Rules, Anti-Slamming Rules, Red Flag Rules and CPNI. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules, a copy of the manual has been previously submitted to the MPSC. Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Red Flags Rule and other applicable requirements governing the protection of customers' privacy.

Study Area Name: Ace Telephone Company of Michigan, Inc.
SAC: 310704, 310777, 310669 and 310692
State: Michigan
Form 481 Line 610

Certification that the carrier is able to function in emergency situations

Ace Telephone Company of Michigan, Inc. (Carrier) hereby certifies that it is able to function in emergency situations through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve in its central office and in electronic equipment sites, which enables it to provide service for a minimum of 8 hours. Carrier's service is consistent with requirements of the Michigan Telecommunications Act Section 305c and the obligations to provide service in emergency situations as set forth in the Code of Federal Regulations, Title 47 § 54.202(a)(2). The Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in rerouting traffic when facilities are damaged.

Study Area Name: Ace Telephone Company of Michigan, Inc

SAC: 310704

State: Michigan

Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges if applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
310704	269 Buckley										
	Benzie Cnty	21.050	0.100		6.500			3.320	0.190		31.160
	Gr Traverse	21.050	0.100		6.500			1.110	0.190		28.950
	Manistee	21.050	0.100		6.500			0.440	0.190		28.280
	Wexford	21.050	0.100		6.500			0.700	0.190		28.540
310704	378 Copemish										
	Benzie Cnty	21.050	0.100		6.500			3.320	0.190		31.160
	Manistee	21.050	0.100		6.500			0.440	0.190		28.280
310704	862 Hoxeyville										
	Lake	21.050	0.100		6.500			0.250	0.190		28.090
	Wexford	21.050	0.100		6.500			0.700	0.190		28.540
	Manistee	21.050	0.100		6.500			0.440	0.190		28.280
310704	885 Mesick										-
	Manistee	21.050	0.100		6.500			0.440	0.190		28.280
	Wexford	21.050	0.100		6.500			0.700	0.190		28.540
310704	369 South Boardman										
	Kalkaska	21.050	0.100		6.500			2.760	0.190		30.600
	Grand Travers	21.050	0.100		6.500			1.110	0.190		28.950

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2016, the average urban rate for local service is \$21.22 and two standard deviations above would be \$47.48. As shown above, the sum of the local rate and state fees is below \$47.48.

Carrier certifies that the sum of its local rate and state fees is below \$47.48.

Study Area Name: Ace Telephone Company of Michigan, Inc

SAC: 310777

State: Michigan

Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges If applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
310777	Old Mission	21.05	0.10		6.50			1.11	0.19		28.95

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2016, the average urban rate for local service is \$21.22 and two standard deviations above would be \$47.48.

As shown above, the sum of the local rate and state fees is below \$47.48.

Carrier certifies that the sum of its local rate and state fees is below \$47.48.

Study Area Name: Ace Telephone Company of Michigan, Inc
 SAC: 310669
 State: Michigan
 Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges If applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TBS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
310669	Allendale	19.73	0.10		6.50			0.28	0.19	0.10	26.90

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2016, the average urban rate for local service is \$21.22 and two standard deviations above would be \$47.48. As shown above, the sum of the local rate and state fees is below \$47.48.

Carrier certifies that the sum of its local rate and state fees is below \$47.48.

Study Area Name: Ace Telephone Company of Michigan, Inc
 SAC: 310692
 State: Michigan
 Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges if applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
310692	Drenthe										
	Ottawa	21.50	0.10		6.50			0.28	0.19		28.57
	Allegan	21.50	0.10		6.50			3.17	0.19		31.46

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2016, the average urban rate for local service is \$21.22 and two standard deviations above would be \$47.48. As shown above, the sum of the local rate and state fees is below \$47.48.

Carrier certifies that the sum of its local rate and state fees is below \$47.48.

Study Area Name: Ace Telephone Company of Michigan, Inc.

Study Area Code: 310704, 310777, 301669, 310692

State: Michigan

Line 1200 Terms and Condition for Lifeline Customers

Information regarding low-income assistance found on Company's website www.acentek.net

Low Income Telephone Assistance Plans

On a limited income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly local phone service.

Services Provided

AcenTek single-party residential services. This includes access to:

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 150% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here](#) to download the two-page certification form (PDF).

Call Customer Service for more information.

Michigan Lifeline Administration Service

LIFELINE APPLICATION

Eligible customers will receive \$11.25 off their monthly phone bill
and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:
Lifeline Administration Service

PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number: _____ Name of phone company: _____
 Date of Birth: _____ Last 4-digits of Social Security Number: _____
 Last Name: _____ First Name: _____ M.I.: _____
 Street: _____

Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program

City: _____ State: _____ ZIP Code: _____
 This is my permanent address: Yes ☐ No ☐ This is a rural address with no postal route: Yes ☐ No ☐
 Billing Address, City, State and Zip Code (if different from Service Address)

**There are multiple unique households (e.g.
nursing home, assisted living facility) at my
address, as defined in this program.**

YES ☐NO ☐**PROGRAM QUALIFICATION INFORMATION**

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: \$**NUMBER OF HOUSEHOLD MEMBERS:**

# of Household Members	Gross Monthly Income	Gross Annual Income*
1	\$1,471	\$17,655
2	\$1,991	\$23,895
3	\$2,511	\$30,135
4	\$3,031	\$36,375

*Add \$6,240 (\$520 monthly) for each additional household member.

- | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Prior year's state or federal tax return. | <input type="checkbox"/> Current Annual Income Statement from Employer |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months |
| <input type="checkbox"/> Retirement/pension statement of benefits | <input type="checkbox"/> Veterans Administration statement of benefits |
| <input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits | <input type="checkbox"/> Divorce decree or child support document containing income information |

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

- | | |
|---------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Federal Public Housing Assistance or Section 8 |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> National School Lunch - Free Lunch Program |
| <input type="checkbox"/> Low-Income Home Energy Plan (LIHEAP) | |

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

AcenTek	Climax Telephone Company	Springport Telephone Company
Allband Communications Coop.	Deerfield Farmers' Telephone Co.	TDS Telecom
Baraga Telephone Company	Hiawatha Telephone Company	Thumb Cellular
Barry County Telephone Company	Kaleva Telephone Company	Upper Peninsula Telephone Company
Blanchard Telephone Company	Lennon Telephone Company	Waldron Telephone Company
Bloomington Communications	Michigan Central Broadband Co.	Westphalia Broadband, Inc./Comlink
Carr Telephone Company	Midway Telephone Company	Westphalia Telephone Company
CenturyLink of Michigan	Ogden Communications	Winn Telecom
CenturyLink of Midwest Michigan	Ontonagon County Telephone Co.	Winn Telephone Company
CenturyLink of Northern Michigan	Pigeon Telephone Company	
CenturyLink of Upper Michigan	Sand Creek Telephone Company	
Chapin Telephone Company	Southwest Michigan Communications	

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

- I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- I will notify my telephone company within 30 days of any changes to my residential address.
- I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature: _____

Date: _____

REVISED 1/2015

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing rates and charges for residential telephone service.
2. In order to be eligible for Lifeline a residential customer's annual household income must be at or below 150% of the poverty level as determined by the United States Department of Health and Human Services and as approved by the State Treasurer, or the person must participate in one of the following programs:
 - a. Medicaid
 - b. Supplemental Nutrition Assistance Program (SNAP) – Food Stamps
 - c. Supplemental Security Income (SSI)
 - d. Federal Public Housing Assistance/Section 8
 - e. Low Income Home Energy Assistance Program (LIHEAP)
 - f. National School Lunch Program's free lunch program
 - g. Temporary Assistance for Needy Families (TANF) a/k/a Family Independence Program
3. Lifeline includes the services and functionalities enumerated in by the FCC, as follows: voice grade access to the public switched network or its functional equivalent; minutes of use for local service provided at no additional charge to end users; access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911, to the extent the local government in an eligible carrier's service area has implemented 911 or enhanced 911 systems; and toll limitation services.
4. Other services can be provided with Lifeline at applicable rates and charges.
5. Proof of eligibility will be required for all initial Lifeline applicants and all Lifeline recipients will be required to re-certify every year.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline.
2. Lifeline is available only with residence services, excluding foreign exchange service. Lifeline is limited to a single subscription per household where household is defined to be any individual or group of individuals who are living together at the same address as one economic unit. For the purposes of this rule, an economic unit consists of all adult individuals contributing to and sharing in the income and expenses of a household.
3. A miscellaneous service charge does not apply when Lifeline is added or discontinued to existing service when that is the only work being done.
4. The Lifeline plan will apply after receipt and processing of a completed Lifeline application, including documentation indicating that the household income meets the eligibility standards established above.
5. Customers of Lifeline must notify the Company of any changes which would affect qualification. Recertification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount will be discontinued and regular tariff rates and charges will apply.
6. As a participant in Lifeline, customers are eligible to receive toll blocking service at no charge. This service will only be provided at the customer's request. Toll blocking service is defined as a central office service that restricts access to the network. Toll blocking is provided where facilities permit and will not allow 1+, 0+, 0-, 101XXXX, 900, or interzone calls to be completed. Toll blocking does not restrict local calls, calls to intraNPA directory assistance, telephone repair service, 911, or calls to 800 or 950 numbers.
7. Local service deposit requirements will be waived for customers who voluntarily receive Toll Blocking Service.
8. Participants in Lifeline shall not be disconnected from local service for nonpayments of toll charges. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline and have previously been disconnected for nonpayment of toll charges.

Issued: June 30, 2014

Effective: July 1, 2014

Issued under the authority of the PA 179 of 1991, Michigan Telecommunications Act, as amended.

Todd Roesler, CEO, Ace Telephone Company of Michigan, P.O. Box 69, Mesick, MI 49668, 507-896-3111, miinfo@acegroup.cc

LOCAL TELEPHONE EXCHANGE SERVICE
LIFELINE SERVICE

C. MONTHLY RATES AND DISCOUNTS FOR LIFELINE CUSTOMERS

1. The discount on the monthly rate for residential exchange service for qualified Lifeline customers shall be \$9.25 from the Federal discount program plus \$2.00 from the State discount program for a total discount of \$11.25. Credits are applied to the end user's basic local exchange service. At no time shall the total Lifeline credit exceed the sum of the end user common line charge and the basic local exchange rate. The discount on the monthly rate for residential exchange service for qualified Lifeline customers 65 years of age or more shall be \$9.25 from the Federal discount program plus \$3.10 from the State discount program for a total discount of \$12.35. Credits are applied to the end user's basic local exchange service. At no time shall the total Lifeline credit exceed the sum of the end-user common line charge and the basic local exchange rate.

D. MONTHLY RATE FOR NON LIFELINE CUSTOMERS

A rate specified in MECA's Tariff M.P.S.C No. 25 Part XVII, General applies per exchange access line to cover the costs of the Lifeline service, to the Telephone Company intrastate services as listed below:

- Business and Residence exchange services excluding Lifeline customers.
- PBX Trunk Services
- Centrex Services

The rate for business Centrex station lines will be computed based on the trunk Equivalence Table specified in the Company's Tariff M.P.S.C. No. 2.

Issued: June 30, 2014

Effective: July 1, 2014

Issued under the authority of the PA 179 of 1991, Michigan Telecommunications Act, as amended.

Todd Roesler, CEO, Ace Telephone Company of Michigan, P.O. Box 69, Mesick, MI 49668, 507-896-3111, miinfo@acegroup.cc

Study Area Name: Ace Telephone Company of Michigan, Inc
Study Area Code: 310704, 310777, 310669, 310692
State: Michigan
Form 481 Line Number 3010

Milestone Certification (47 CFR §54.313(f)(1)(i))

Ace Telephone Company of Michigan, Inc. hereby certifies that throughout 2014, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream / 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669 and 310692

State: Michigan

Form 481 Line 3012

List of Community Anchor Institutions to which began providing access to broadband service in the preceding calendar year.

Ace Telephone Company of Michigan, Inc. did not newly begin providing community anchor institutions with access to broadband service in the calendar year 2014.

<010> Study Area Code	<010>	310704
<015> Study Area Name	<015>	ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> Program Year	<020>	2016
<030> Contact Name - Person USAC should contact regarding this data	<030>	CYNTHIA SWEET
<035> Contact Telephone Number - Number of person identified in data line <030>	<035>	502.896.6211
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>	csweet@acemtek.net
<input type="checkbox"/> Files as reviewed single company	<input checked="" type="checkbox"/> Filed as audited single company	
<input type="checkbox"/> Filed as reviewed consolidated company	<input type="checkbox"/> Filed as audited consolidated company	
<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company	<input type="checkbox"/> Filed as subsidiary of audited consolidated company	

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature	Date
-----------	------

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat. Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Recquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

REDACTED FOR PUBLIC INSPECTION

<010> Study Area Code
<015> Study Area Name
<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data
<035> Contact Telephone Number - Number of person identified in data line <030>
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 310704
<015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> 2016
<030> CYNTHIA SWEET
<035> 507 896 6211
<039> csweet@acentek.net

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period ((31+33+34)-(35+36+37-38))		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio ((14+20-10-11)/7)		
46. Operating Accrual Ratio ((14+20+26)/7)		
47. TIER ((31+26)/26)		
48. DSCR ((31+26+10+11)/44)		

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<020> 2016
<030> CYNTHIA SWEET
<035> 507 896 6211
<039> csweet@acentek.net

PART C. STATEMENTS OF CASH FLOWS		
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES		
2.	Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3.	Add: Depreciation	
4.	Add: Amortization	
5.	Other (Explain)	
Changes in Operating Assets and Liabilities		
6.	Decrease/(Increase) in Accounts Receivable	
7.	Decrease/(Increase) in Materials and Inventory	
8.	Decrease/(Increase) in Prepayments and Deferred Charges	
9.	Decrease/(Increase) in Other Current Assets	
10.	Increase/(Decrease) in Accounts Payable	
11.	Increase/(Decrease) in Advance Billings & Payments	
12.	Increase/(Decrease) in Other Current Liabilities	
13.	Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES		
14.	Decrease/(Increase) in Notes Receivable	
15.	Increase/(Decrease) in Notes Payable	
16.	Increase/(Decrease) in Customer Deposits	
17.	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits	
19.	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20.	Less: Payment of Dividends	
21.	Less: Patronage Capital Credits Retired	
22.	Other (Explain)	
23.	Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES		
24.	Net Capital Expenditures (Property, Plant & Equipment)	
25.	Other Long-Term Investments	
26.	Other Noncurrent Assets & Jurisdictional Differences	
27.	Other (Explain)	
28.	Net Cash Provided/(Used) by Investing Activities	
29.	Net Increase/(Decrease) in Cash	
30.	Ending Cash	

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(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
<010> Study Area Code		<010>	310777
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<020> Program Year		<020>	2016
<030> Contact Name - Person USAC should contact regarding this data		<030>	CYNTHIA SWEET
<035> Contact Telephone Number - Number of person identified in data line <030>		<035>	507.896.6211
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>		<039>	csweet@acentek.net
<input type="checkbox"/> Files as reviewed single company		<input checked="" type="checkbox"/> Filed as audited single company	
<input type="checkbox"/> Filed as reviewed consolidated company		<input type="checkbox"/> Filed as audited consolidated company	
<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company		<input type="checkbox"/> Filed as subsidiary of audited consolidated company	

CERTIFICATION					
We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.					
Signature			Date		

PART A. BALANCE SHEET					
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CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Reacquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

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<010> 310777
<015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> 2015
<030> CYNTHIA SWEET
<035> 507.896.6211
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PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29-30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

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<010> **310777**
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<020> 2016
<030> CYNTHIA SWEET
<035> 507 896 6211
<039> csweet@acentek.net

PART C. STATEMENTS OF CASH FLOWS		
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Explain)		
Changes in Operating Assets and Liabilities		
6. Decrease/(Increase) in Accounts Receivable		
7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
13. Net Cash Provided/(Used) by Operations		
CASH FLOWS FROM FINANCING ACTIVITIES		
14. Decrease/(Increase) in Notes Receivable		
15. Increase/(Decrease) in Notes Payable		
16. Increase/(Decrease) in Customer Deposits		
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
20. Less: Payment of Dividends		
21. Less: Patronage Capital Credits Retired		
22. Other (Explain)		
23. Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		
25. Other Long Term Investments		
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Explain)		
28. Net Cash Provided/(Used) by Investing Activities		
29. Net Increase/(Decrease) in Cash		
30. Ending Cash		

REDACTED FOR PUBLIC INSPECTION

<010> Study Area Code	<010>	310669
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<020> Program Year	<020>	2016
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<039> Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>	csweet@acentek.net
<input type="checkbox"/> Filed as reviewed single company	<input checked="" type="checkbox"/>	Filed as audited single company
<input type="checkbox"/> Filed as reviewed consolidated company	<input type="checkbox"/>	Filed as audited consolidated company
<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company	<input type="checkbox"/>	Filed as subsidiary of audited consolidated company

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature	Date
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PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev		
4. Non-Affiliates:			31. Current Mat. Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies:			42. Recquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

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<010> Study Area Code
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<020> Program Year
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<010> 310669
<015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> 2016
<030> CYNTHIA SWEET
<035> 507 896 6211
<039> csweet@acetek.net

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
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3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

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<030> Contact Name - Person USAC should contact regarding this data
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<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 310669
<015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> 2016
<030> CYNTHIA SWEET
<035> 507 896 6211
<039> csweet@acentek.net

PART C. STATEMENTS OF CASH FLOWS		
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Explain)		
Changes in Operating Assets and Liabilities		
6. Decrease/(Increase) in Accounts Receivable		
7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
13. Net Cash Provided/(Used) by Operations		
CASH FLOWS FROM FINANCING ACTIVITIES		
14. Decrease/(Increase) in Notes Receivable		
15. Increase/(Decrease) in Notes Payable		
16. Increase/(Decrease) in Customer Deposits		
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
20. Less: Payment of Dividends		
21. Less: Patronage Capital Credits Retired		
22. Other (Explain)		
23. Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		
25. Other Long Term Investments		
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Explain)		
28. Net Cash Provided/(Used) by Investing Activities		
29. Net Increase/(Decrease) in Cash		
30. Ending Cash		

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(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
<010> Study Area Code		<010>	310692
<015> Study Area Name		<015>	ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> Program Year		<020>	2016
<030> Contact Name - Person USAC should contact regarding this data		<030>	CYNTHIA SWEET
<035> Contact Telephone Number - Number of person identified in data line <030>		<035>	507 896 6211
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>		<039>	csweet@acantel.net
<input type="checkbox"/> Filed as reviewed single company		<input checked="" type="checkbox"/> Filed as audited single company	
<input type="checkbox"/> Filed as reviewed consolidated company		<input type="checkbox"/> Filed as audited consolidated company	
<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company		<input type="checkbox"/> Filed as subsidiary of audited consolidated company	

CERTIFICATION					
We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.					
Signature			Date		

PART A. BALANCE SHEET					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur, Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Recquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

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<015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> 2016
<030> CYNTHIA SWEET
<035> 507.896.6211
<039> csweet@acetek.net

PART 8. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
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13. Corporate Operations Expense		
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28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period ((31+33+34)-(35+36+37+38))		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio ((14+20-10-11)/7)		
46. Operating Accrual Ratio ((14+20+26)/7)		
47. TIER ((31+26)/26)		
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PART C. STATEMENTS OF CASH FLOWS		
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CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Explain)		
Changes in Operating Assets and Liabilities		
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7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
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